Case: 1:12-cv-01163 Document #: 13 Filed: 04/09/12 Page 1 of 2 PageID #:25

	(SWER OF THIRD PARTY RESPONDEN This first section must be filled out by the judgn	
Citation/Respondent:		Court Date: April 24, 2012
Defendant's Name: Dehch Sor	poration SS No. xxx-xx-	Court Date: April 24, 2012  Case No. 12 CV 1/63
Judge	nent Balance: \$ 57,940.07 This is a Citation: Freeze up to double the	
	I his is a Caracion; Preeze up to couple the	Judgment isalance.
	INTERROGATORIES	
	l you have in your possession, custody or contro	of any personal property or monies belonging to the
judgment debtor?   Yes   No		
	R'IS "YES" GO TO NEXT QUESTION. IF "N	
2. Is this an IRA account? Or have all of the Social Security, Unemployment Compensation the statutory exemptions? Yes The	ion, Public Assistance, Veteran's Benefits, Pens	electronically deposited and identified as exempt ion or Refirement or by a source drawing from any
IF THE ANSWE	R IS "YES" GO TO NEXT QUESTION. IF "NO	O" GO TO INSTRUCTIONS.
	ual to or less than the total of the exempt depus	
		COUNT(S) ARE EXEMPT, DO NOT FREEZE
TE TOO ABSTERED TEST TO	THE FUNDS AND GO TO "INSTRUCTIONS	BELOW.
4.	ACCOUNT BALANCE	AMOUNT WITHHELD
A) Savings Account	S	FILE
B) Check/MMA/Now Account	s No Funds	S
C) Certificate of Deposit	\$	SAPR 0 9 2
D) Trust Account/Other	· <b>5</b> .	APR U 9 L
(Describe)		APR 09 Z
		THOMAS G. BR
G) Less Right of Offset for Loans		CLERK, U.S. DISTRI
O) Less regular of Ortace for Louis	MONANGER A MERING TO THE POST OF THE T	s 115,88014
	TOTAL AMOUNT FROZEN:	3 11 3 1 8 8 9 1 1
5. List all electronic deposits into account(s Account Number	source Source(s) except deposits:	Monthly Amount
Account Number	Source	S
		\$
		\$
List all joint account holders or adverse	laimants:	
		Network CL
Name	Name	NameAddress
Address	Address	Address
Account Type A Checking CD Savings	Account Type Checking CD Savings	Account Type Checking CD Savings
Account Number XX 5666	Account Number	Account Number
	INSTRUCTIONS	
1.) Fill out and sion the certification below.	(2.) This Answer must be filed at least three (3)	days before the court date to assure timely processing.
3.) Fax or mail a copy of this Answer to (i) th	e Court, (ii) Plaintiff's attorney and (iii) Judgme	ent Debtor. If filing in the First Municipal District, yo
nay fax to (312) 603-6522 or mail to the Cleri	k of the Court, Richard J. Daley Center, 50 W. W.	ashington street, Room 602, Chicago, IL 60602. (4.)
ou will receive a copy of a Court Order by f	ax or mail instructing you how to proceed and w	nere to send kny withheld funds.
	CERTIFICATION	
inder the penalties as provided by law purs	uant to Section 1-109 of the Code of Civil Proc	edure, the undersigned certifies that the statements
	rect and that I have mailed this Answer to Defe	
11/12		
	Print Agent Na	HIC.
Respondent Name:		Joanne Butler
	Signature of Ag	ent:
Taran and a second		
M&I - BMO HARRIS	BANKNA	Deposit Services e
M&I - BMO HARRIS	S BANK N.A.	Deposit Services Specialist
M&I - BMO HARRIS PO BOX 366 AX:SUN PRAIRIE WI 5	A A A A A A A A A A A A A A A A A A A	Deposit Services Specialist

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## **PROOF OF SERVICE BY MAIL**

Under penalties as provided by law I certify that the statements set forth herein are true and correct.

The undersigned non-attorney certifies that I mailed this Proof Service by Mail and enclosed documents to the **Judgment Creditor Attorney** and the **District Court** identified on the enclosed, in a properly addressed, sealed, and postage paid envelopes by depositing in the U.S. Mail-box located at PO Box 366 Sun Prairie, WI 53590, on or before 5:00 p.m. on April 4, 2012.

BMO Harris Bank, N.A.

Joanne Butler

Legal - Garnishments and Subpoenas Group

BMO Harris Bank N.A.

PO Box 366, Sun Prairie, WI 53590

(p) 1-800-236-6767 OPT 3 | (f) 608-825-2360